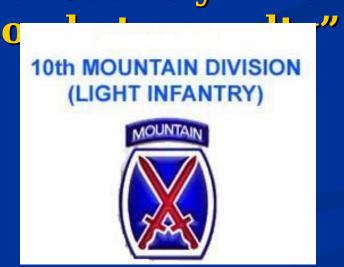
Combat Life Saver Module 2: Evaluating a Casualty

Next, we'll discuss the steps to take to effectively "Evaluate a



Evaluating a Casualty [Care Under Fire]

- Scene Safety
- Scan the area for any dangers, (example: IED, Sniper fire, "round cook off" in armored vehicles, and any NBC Threat)
- Determine best route to approach casualty if able to. Don't become another target for the enemy.
- Anticipate how your actions will affect enemy fire.

SCENE SAFETY!!!



Assess Situation

- Determine safety of scene
- Determine mechanism of injury
- Determine number of casualties
- Request additional help if necessary



Evaluating a Casualty [Care Under Fire] (Cont'd)

- Approach the Casualty
- Suppress enemy fire, Stop any gross bleeding with a Tourniquet. Both you and casualty return fire if able to.
- Form a general impression of patient based on Mechanism of Injury and Casualty's status.
- If you move patient, secure sensitive items (ANCD, Weapons, Ammo)

- Check Casualties responsiveness
 - AVPU
- A=Alert, V=Verbal, P=responds to Pain, U=Unresponsive
- Ask Casualty where they are hurt

- Position casualty
- Roll casualty onto his back, with minimal neck movement.
- Rapidly scan the casualty for any life threatening emergencies
- CBA: Circulation (gross bleeding), Breathing (troubled, difficulty noted?), Airway (open or obstructed)-
- ALL CBA's must be fixed before moving on to other evaluation or treatment.

BLEEDING

(Circulation)

- Consider placing a Pressure bandage (and/or a Hemostatic dressing) on site of wound, and then slowly loosen the Tourniquet [which was placed on casualty during Care Under Fire]
- If Bleeding resumes, then re-tighten tourniquet immediately. If it is under control, leave tourniquet in place in case you need it again.

BREATHING

- Look , Listen, Feel (Decompress Tension Pneumothorax if found—See Module #4)
- Check casualty for Open Chest wounds, don't forget to look for exit wounds
- Seal all wounds in the thoracic cavity with an occlusive dressing

AIRWAY

- Remember your General Impression. If a casualty is speaking, his airway is secure.
- If necessary, open airway manually:
 - Head-Tilt/Chin-Lift
- If you have any doubts, secure the airway mechanically.

Circulation

- Look for severe external bleeding
- STOP THE BLEEDING!
 - Direct pressure
 - Pressure points
 - Tourniquet
- Look for evidence of internal bleeding
 - Check pulses
 - Observe for shock
- Initiate IV fluids as needed



Breathing

- Look, listen, and feel
- Is breathing adequate to support life?
- Respiratory Distress vs. Respiratory Arrest



(If chest injury and severe difficulty breathing, perform needle chest decompression to relieve tension Pneumothorax)

Airway

- Attention to stabilization of cervical spine if appropriate
- Airway obstructions are often noisy (but not always)
- Suspect airway problems if:
 - Unconscious
 - Head, face, neck, chest injuries
- Open, clear, and maintain the airway



- If casualty has a <u>penetrating</u> chest injury and <u>is not</u> breathing, or attempting to make any effort to breathe, then <u>DO NOT</u> <u>ATTEMPT</u> TO TREAT THE INJURY
- If you find a casualty who has no signs of life (<u>no breathing</u>, <u>or attempt to breathe</u>, <u>and no pulse</u>), then <u>DO NOT CONTINUE</u> <u>FIRST AID</u>

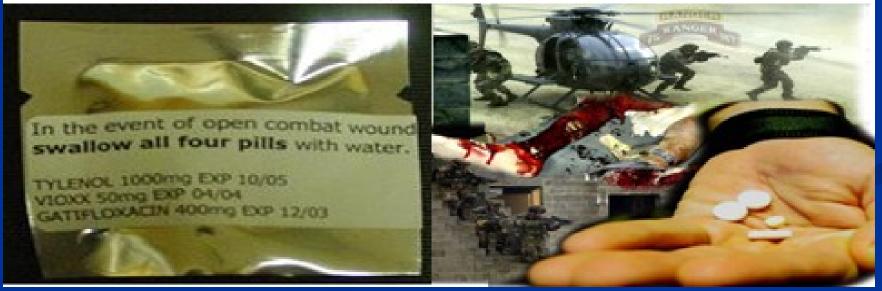
ADDITIONAL CARE AND EVALUATION

- Treat other wounds, do a head to toe check
- Administer Casualty's Pill pack from his IFAK Pack. (All 4 Pills: 2 Tylenol, 1 Mobic, 1 Guatofolaxcin)—If conscious. If casualty unconscious, do not administer.

Combat Pill Pack

Pain Control

- Able to fight
 - Celebrex 200mg or Meloxicam (Mobic®) 15mg poinitially
 - Acetaminophen 1000 mg po q6hr
 - Gatafloxacin 400 mg po



Evaluating a Casualty (Practical)

- At this time we will practice how to "Evaluate a casualty"
- First we will watch a demonstration

Next Buddy up, and practice on each other. Instructor will move about and watch you.